Case Number:	CM13-0048531		
Date Assigned:	12/27/2013	**Date of Injury:**	09/22/2011
Decision Date:	05/22/2014	**UR Denial Date:**	10/22/2013
Priority:	Standard	**Application Received:**	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 42-year-old gentleman who was injured in a work related accident on September 22, 2011. The clinical records for review indicate upper extremity injury for which recent progress report of September 17, 2013 indicates subjective complaints of left shoulder and left thumb pain. Objective findings showed restricted abduction to 85 degrees of the shoulder and flexion to 160 degrees. There was tenderness over the 1st MCP and tenderness to the left thumb diffusely. The patient was with tenderness over the rotator cuff. His working diagnoses were crush injury to the left thumb with secondary infection, chronic hand pain and chronic regional pain syndrome. He was also with chronic shoulder strain. Recommendations at that time were for referral to orthopedic hand specialist, as well as continuation of medications to include Norco, amitriptyline, gabapentin and Lidoderm patches. Clinical imaging in regards to the patient's treatment was not noted. Further clinical records reviewed included documentation of continued treatment for chronic regional pain syndrome, type I, with the above mentioned agents.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NEURONTIN 300 MG, #90 WITH 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mtus Chronic Pain Medical.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, Neurontin would be supported. The patient is with neuropathic diagnosis of chronic regional pain syndrome with current clinical records indicating continued complaints of pain about the shoulder and hand. The continued role of this agent to help with neuropathic component of his current diagnosis would appear to be medically necessary.

NORCO 5/325 MG, #120 WITH NO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial Of Opiods Page(s): 76-80.

Decision rationale: CA MTUS Guidelines would not support the role of continued use of Norco. Records indicate that the patient had already received a weaning dose from prior review. At present there is no indication of significant benefit with continued use for this short acting narcotic analgesic. The specific request for continuation of this agent for 120 pills at this stage in the patient's clinical course of care would not be supported.

LIDODERM LIDOCAINE PATCHES, #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 111-113.

Decision rationale: CA MTUS Guidelines would not indicate the topical need for Lidoderm. Records do not indicate the patient to have failed measures including first line agent such as gabapentin or tricyclic antidepressants which he is also concordantly taking. The specific need for topical Lidoderm given the patient's current working diagnoses and documentation of other medicines being utilized would not be supported.

ELAVIL 25 MG, #30 WITH 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13,18,56,78,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 13.

Decision rationale: CA MTUS Guidelines would support the role of Elavil. In the chronic setting, Elavil can be used for chronic pain of a neuropathic etiology. In this case, the patient is with chronic regional pain syndrome and continued complaints of pain and discomfort to the upper extremity. The continued role of this agent would appear to be medically necessary.